

STICKS & STONES

CENTERING THE LANGUAGE OF
RACIAL HEALTH DISPARITIES

KEVIN AHMAAD JENKINS, Ph.D.

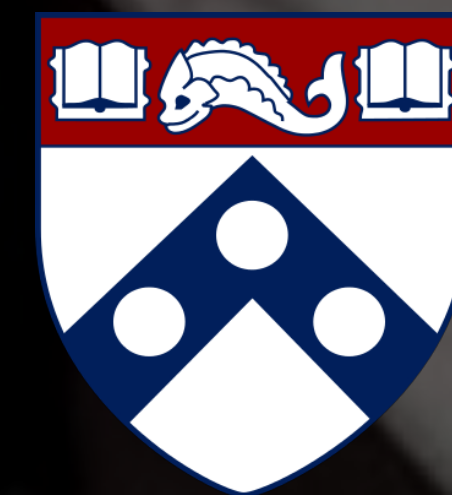
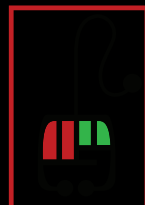
Vice-Provost Postdoctoral Fellow

School of Social Policy and Practice

Division of General Internal Medicine

Leonard Davis Institute of Health Economics Fellow

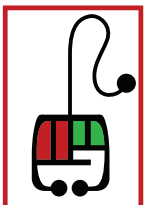
University of Pennsylvania



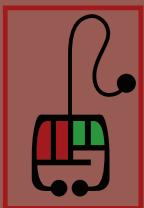
Penn
UNIVERSITY of PENNSYLVANIA

“ Every criminal has the right to a lawyer but **every person doesn't have the right to healthcare.** ”

Joycelyn Elders, MD
15th United States Surgeon General



DESERVE





Deserving Disease?

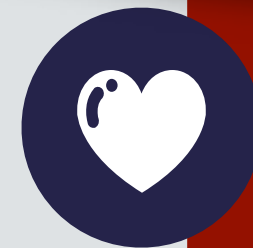
Among Black People



Diabetes
Higher Risk of Diagnosis



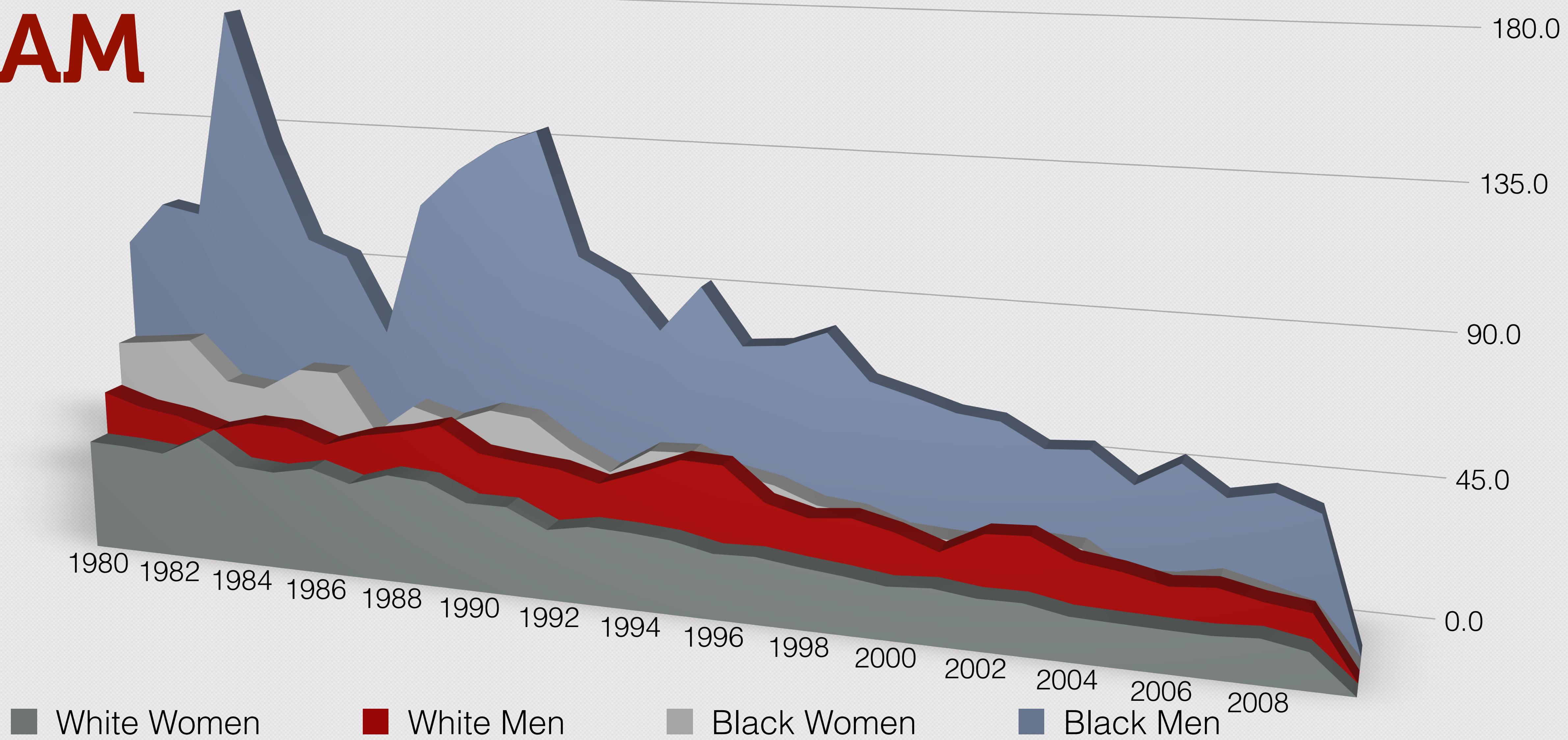
End-Stage Renal Disease
Faster Progression



Cardiovascular Disease
Higher Risk of Death



Cancer
Higher Mortality and Lower Survivorship



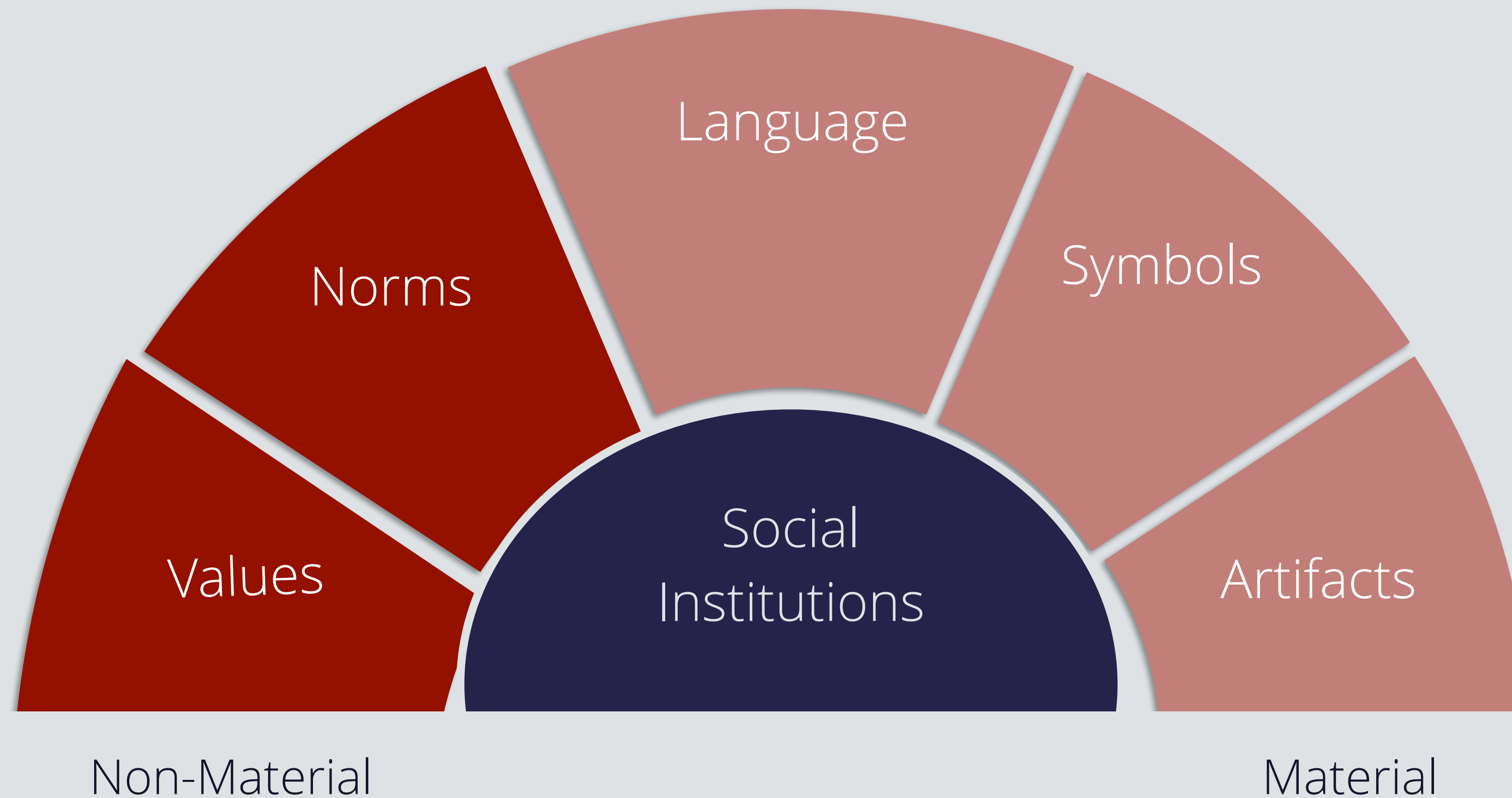
Deserving Death

US Diabetes Mortality by Race and Gender from 1980-2009

Source: Division of Vital Statistics (data from the National Vital Statistics System) and Division of Health Interview Statistics (data from the National Health Interview Survey). Per 100,000

Understanding Culture

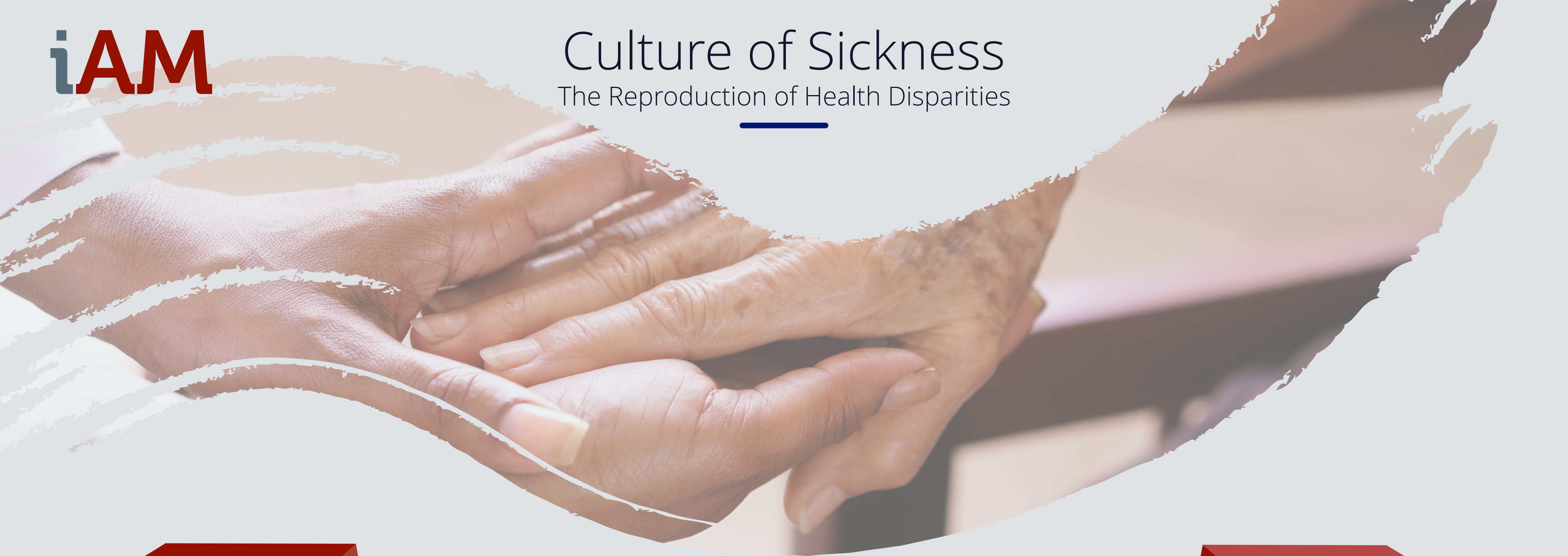
General Overview





Culture of Sickness

The Reproduction of Health Disparities



Individual
Burden

Values
Fairness

Health Behavior
Clinical guidelines

Norms
Acceptable or Unacceptable

Disparities
Health Behavior

Language
Communicate & Transmit

Food
Weight

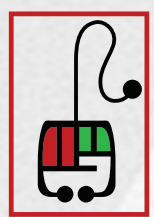
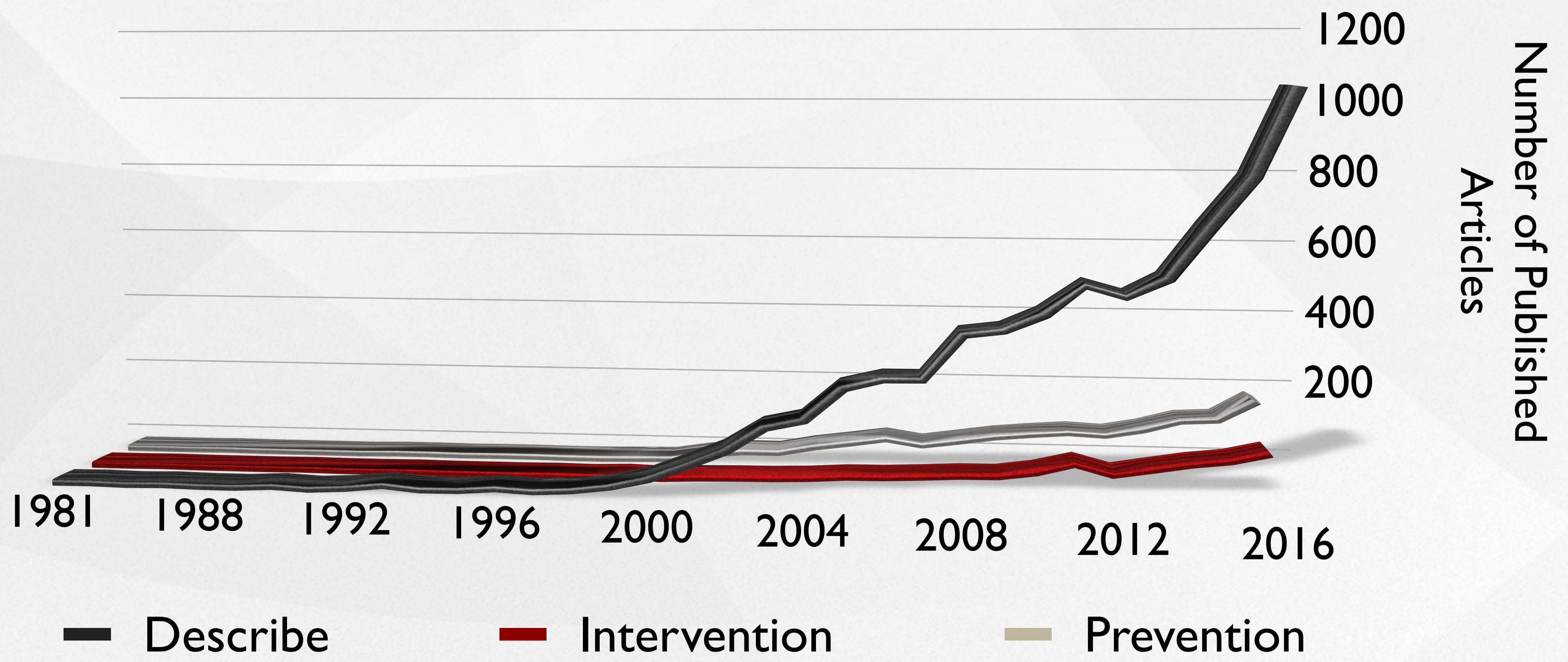
Symbols
Physical manifestations

Research
Practice

Artifacts
Remnants of Culture

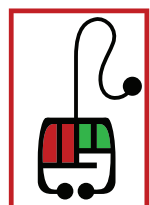
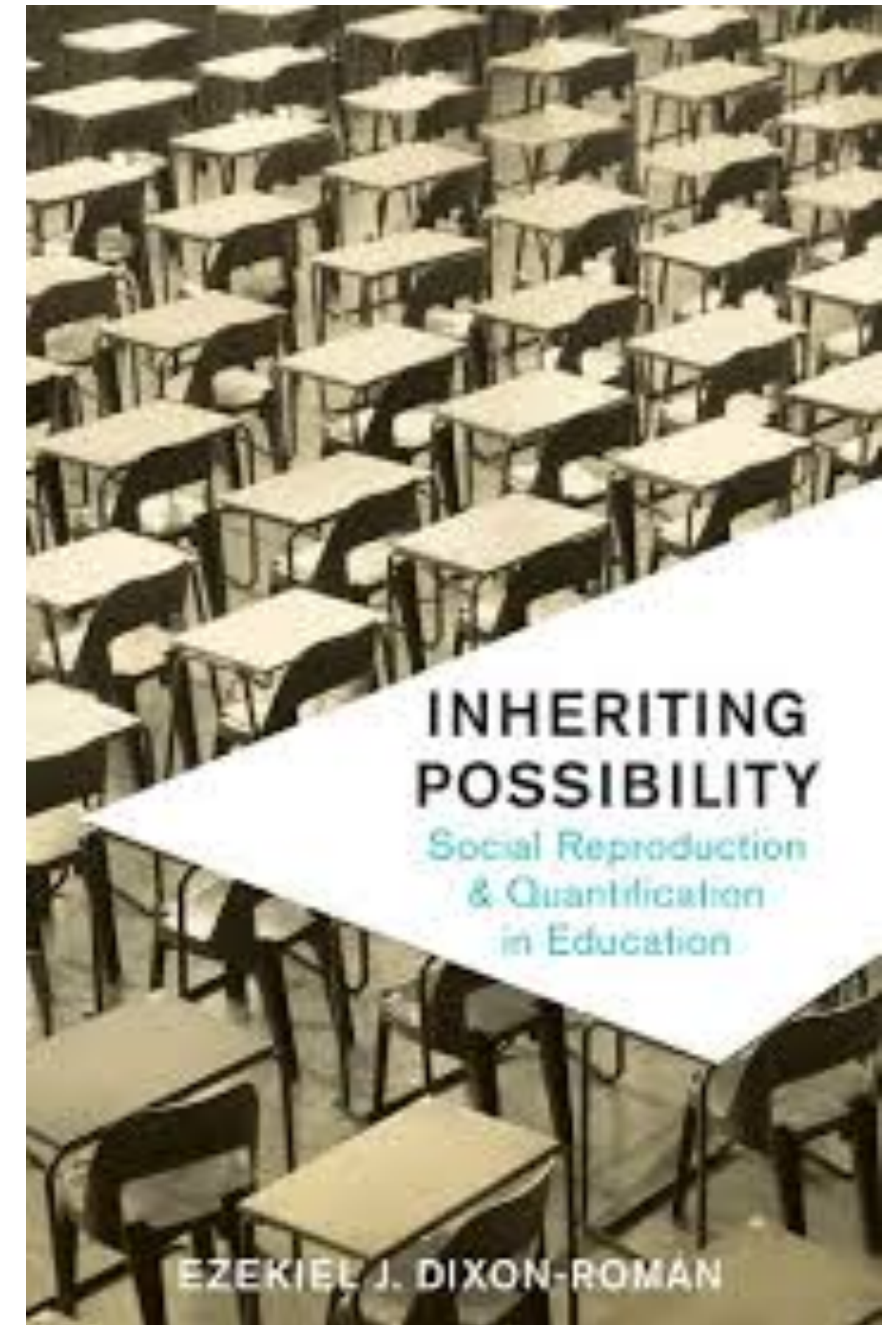
Number of Published Articles on PubMed Using the Keywords “Racial Health Disparities,” AND Prevention OR Intervention

Source: PubMed Database, Accessed on July 4, 2017



“As a result of its almost atheoretical lens, the positivist orientation tends to interpretively misrecognize the underlying structural relations of the data, often falling into the trap of pathology, deficiency, depravity narratives of the marginalized.”

Ezekiel Dixon-Román
Inheriting Possibility, 2017

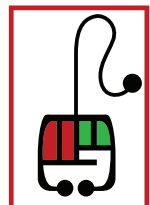


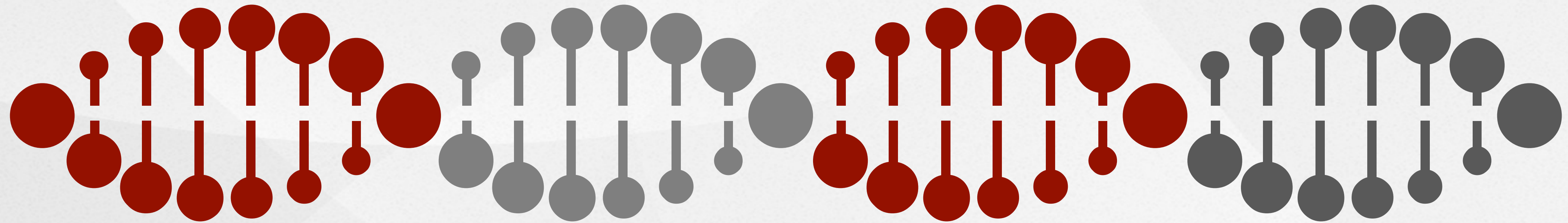
“The new **biologization** of race may seem to unite blacks, and other nonwhite “races,” by confirming the genetic uniformity of people belonging to the same race and their genetic difference from others. In the new dystopia, however, **genetic selection technologies** that incorporate race as a biological category **reinforce class divisions** between elite people of color who can afford the full array of high-tech procedures and the masses who suffer most from neoliberal policies bolstered by these very biological explanations of racial inequities.”



Dorothy Roberts

Race, Gender, and Genetic Technologies: A New Reproductive Dystopia?, 2009





Asthma

35-95%



**Cardiovascular
Disease**

2-3%



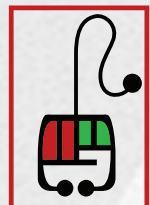
**Chronic Kidney
Disease**

14%



**Alzheimer's
Disease**

20-25%



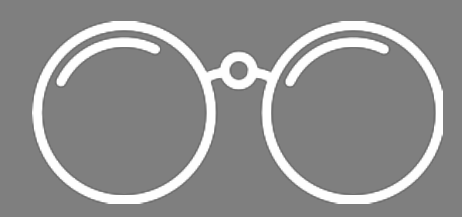
COLORED

Power

Perception

Performance

Propagation

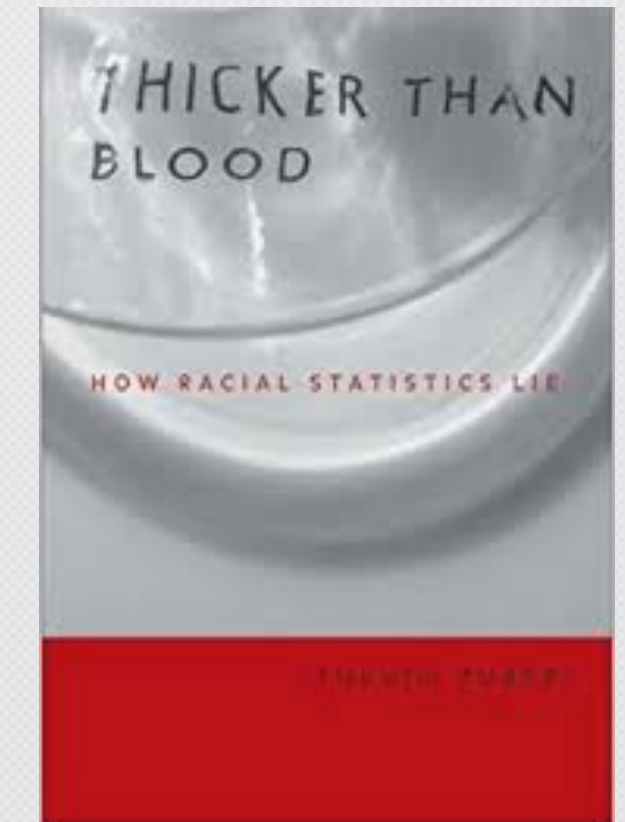


4P's of Racism



” The story of racial statistics must discuss how scholars attempting to understand race have misused statistical methods intentionally and unintentionally.

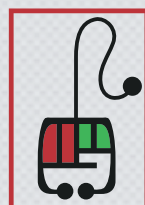
Thicker than Blood, Tukufu Zuberi

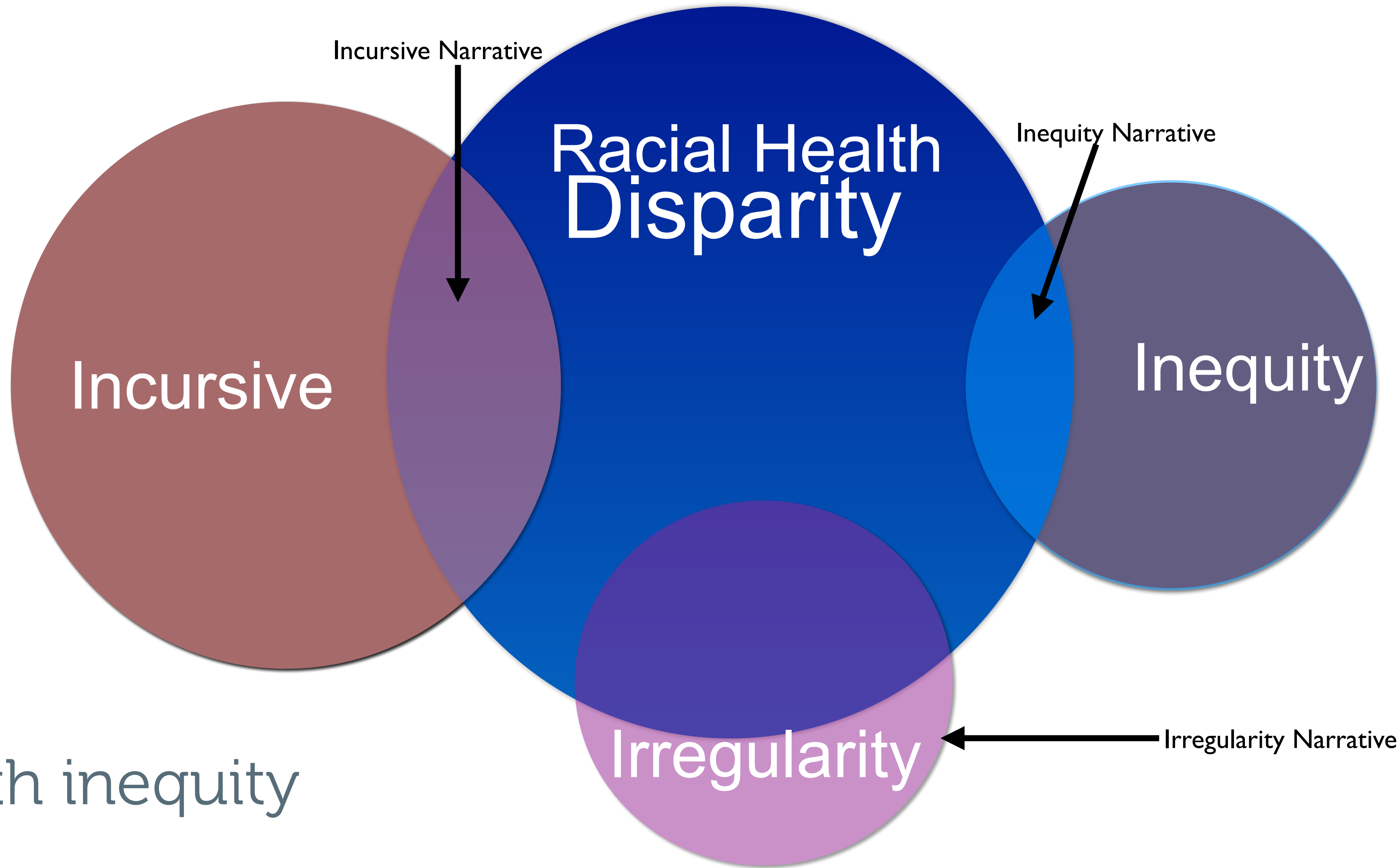


David Williams

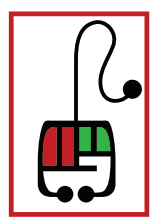
Careful re-assessment of our current approaches to the study of discrimination and health with an eye toward investing in what is need to improve our scientific understanding of this phenomenon and its health consequences.

Discrimination and racial disparities in health: evidence and needed research. Williams & Mohammed, 2009





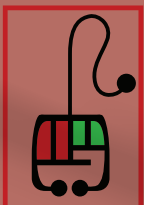
health inequity



Biopsychosocial | Process of Racism

(bahy-oh-sahy-koh-soh-shuh)

[noun] captures the perplexing physical, mental, and social toil that cascades from varying scopes of racially discriminatory encounters.



What is Psychosocial Stress?

refers to a person's cognitive recognition of and
attenuative response to a social threat

assessment often entrenched in the presence of
atypical mood or behavior

approached from a "problem oriented" perspective
versus a "resource-orientated" perspective

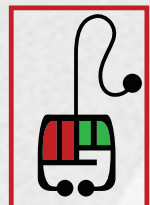
exposure to detrimental environmental stimuli

Lazarus &
Folkman, 1984

Aneshensel, 1996

Storch et. al, 2007

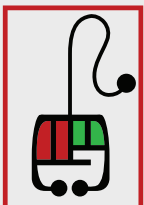
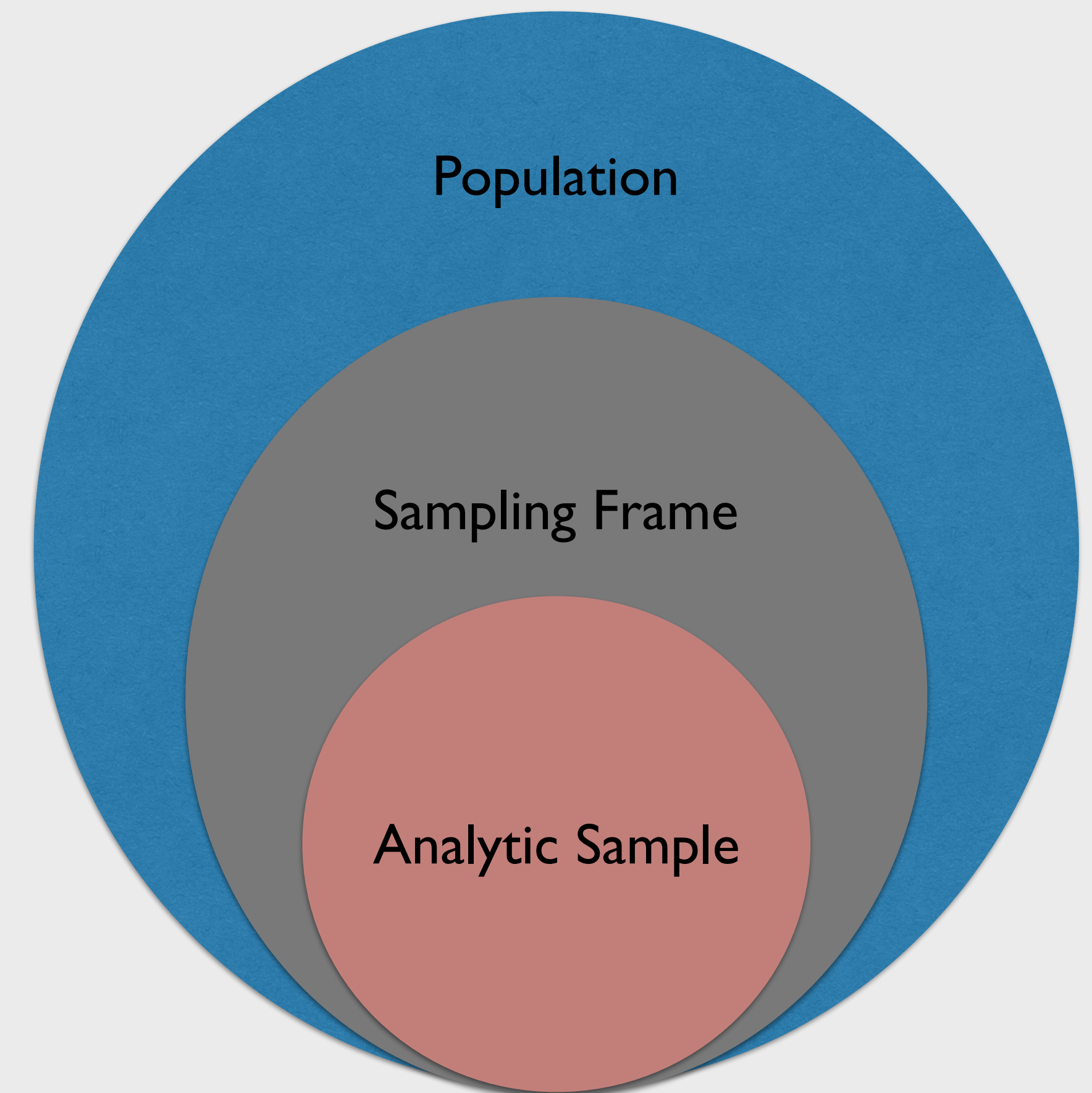
Clark et. al, 1999



DATA.

CDC's Behavioral Risk Factor Surveillance System (BRFSS)

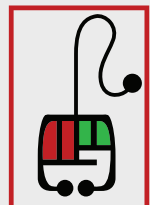
- Annual survey focused of health, medical behaviors and outcomes
- U.S. residents 18 and Older
- Does include limited child data
- Random digit dial of residents
- Uniquely asks about health and healthcare concerning kidney disease, diabetes, heart disease, asthma, and more.
- Captures psychosocial stress in 30-day period
- “How do other people usually classify you in this country, which might be different from how you classify yourself?”
- Pooled from 2004-2013



DATA.

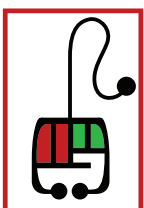
METHODS

- Appropriate bivariate tests of significance
- Negative Binomial Models and Ordered Logit
 - Correct for extensive over dispersion (variance greater than the mean)
- Shared covariates across papers and models include
- Demographic: Age, sex, marital status, insurance, income
- Health: Self-reported health status, BMI, depression diagnosis
- Weighted results with an pooled adjustment (weight/# of years pooled)



I Can't Breathe: A Cross-Sectional Analysis of Race, Stress, & Asthma

- How is the relationship between race and stress moderated by asthma?
 - H1. Blacks without asthma will have encounter more stress than Whites without asthma
 - H2. Respondents living with asthma will experience more psychosocial stress than those without asthma regardless of race.
 - H3. Blacks with asthma will encounter more psychosocial stress than Whites with asthma.
- n=1,216,168
 - White without Asthma 965,238
 - Black without Asthma 95,631
 - Whites with Asthma 138,142
 - Blacks with Asthma 17,157
- Negative Binomial Regression
 - Number of Psychosocial Stress Days in 30



I Can't Breathe: A Cross-Sectional Analysis of Race, Stress, & Asthma

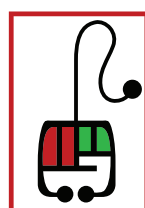
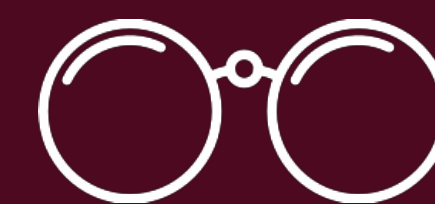


Whites without Asthma
reference group

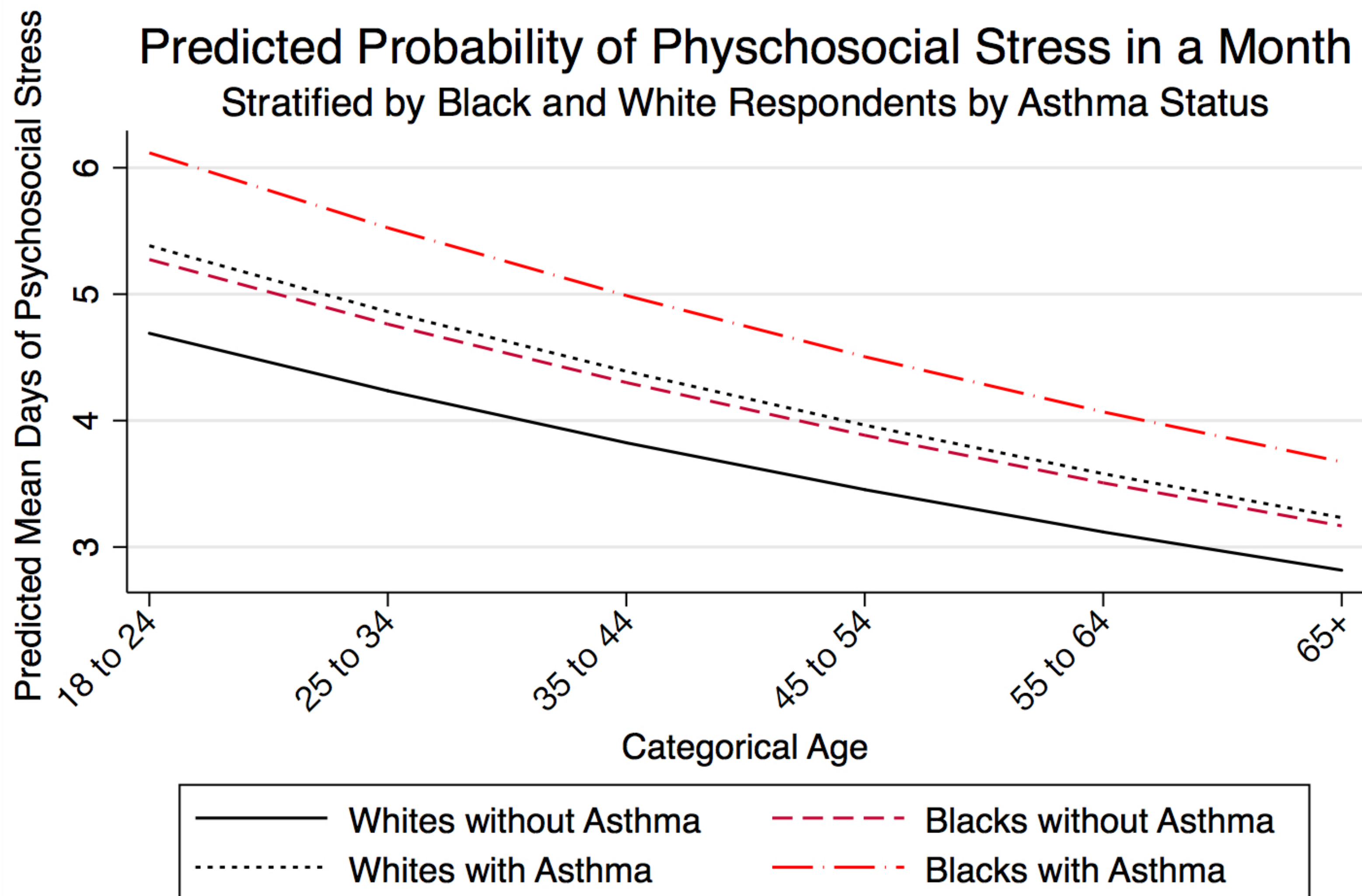
Blacks without Asthma
9%*

Whites with Asthma
20%*

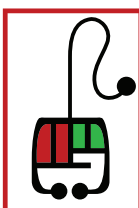
Blacks with Asthma
36%*



I Can't Breathe: A Cross-Sectional Analysis of Race, Stress, & Asthma



Source: CDC Behavioral Risk Factor Surveillance System Data-Pooled from 2011-2013

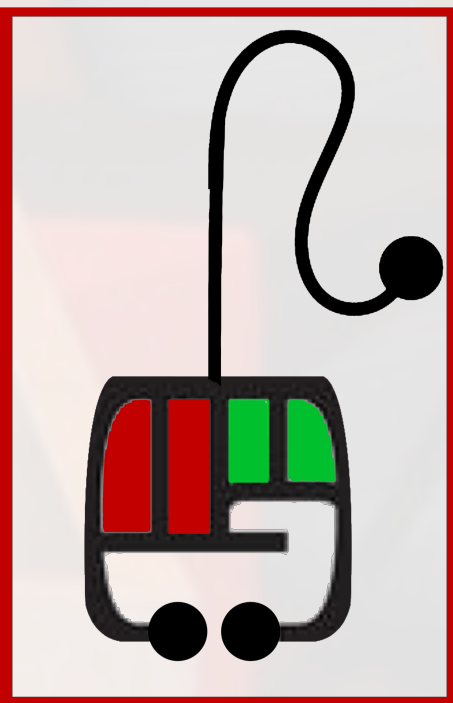




What is Racism? /'rā,sizəm/

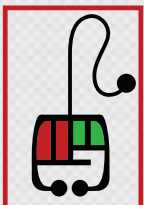
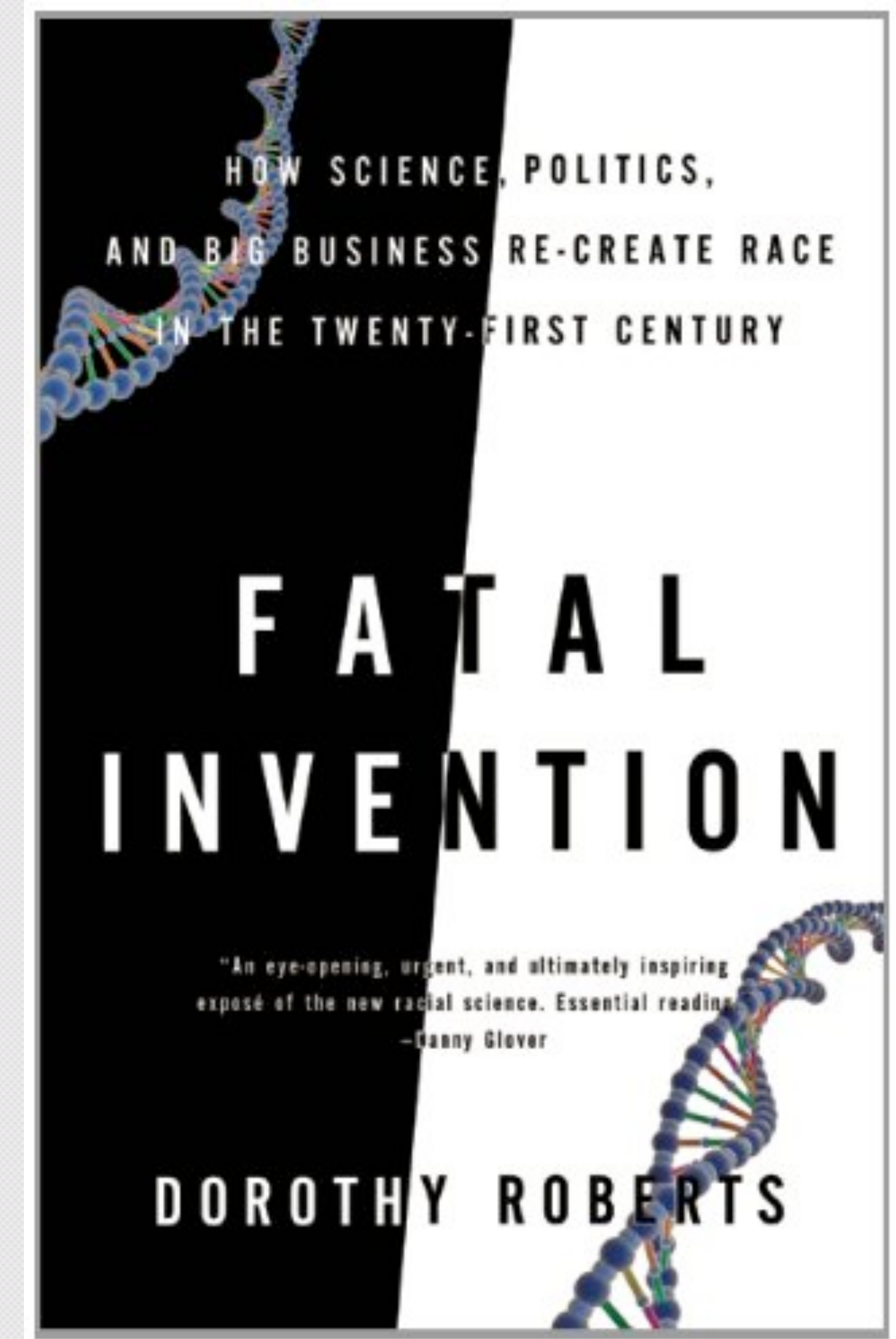
A system of **structuring opportunity** and **assigning value** based on the **social interpretation of one looks** (which is what we call “race”), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities...”

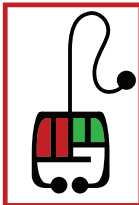
-Camara Jones, MD, MPH, PhD



“...the only way we know which racial designation to assign each person is by referring to the **invented rules** we have been taught since we were infants...So we force the mélange of **physical features** and **social clues** into a code that tell us how to categorize each person—so as to know where each person fits in our society.”

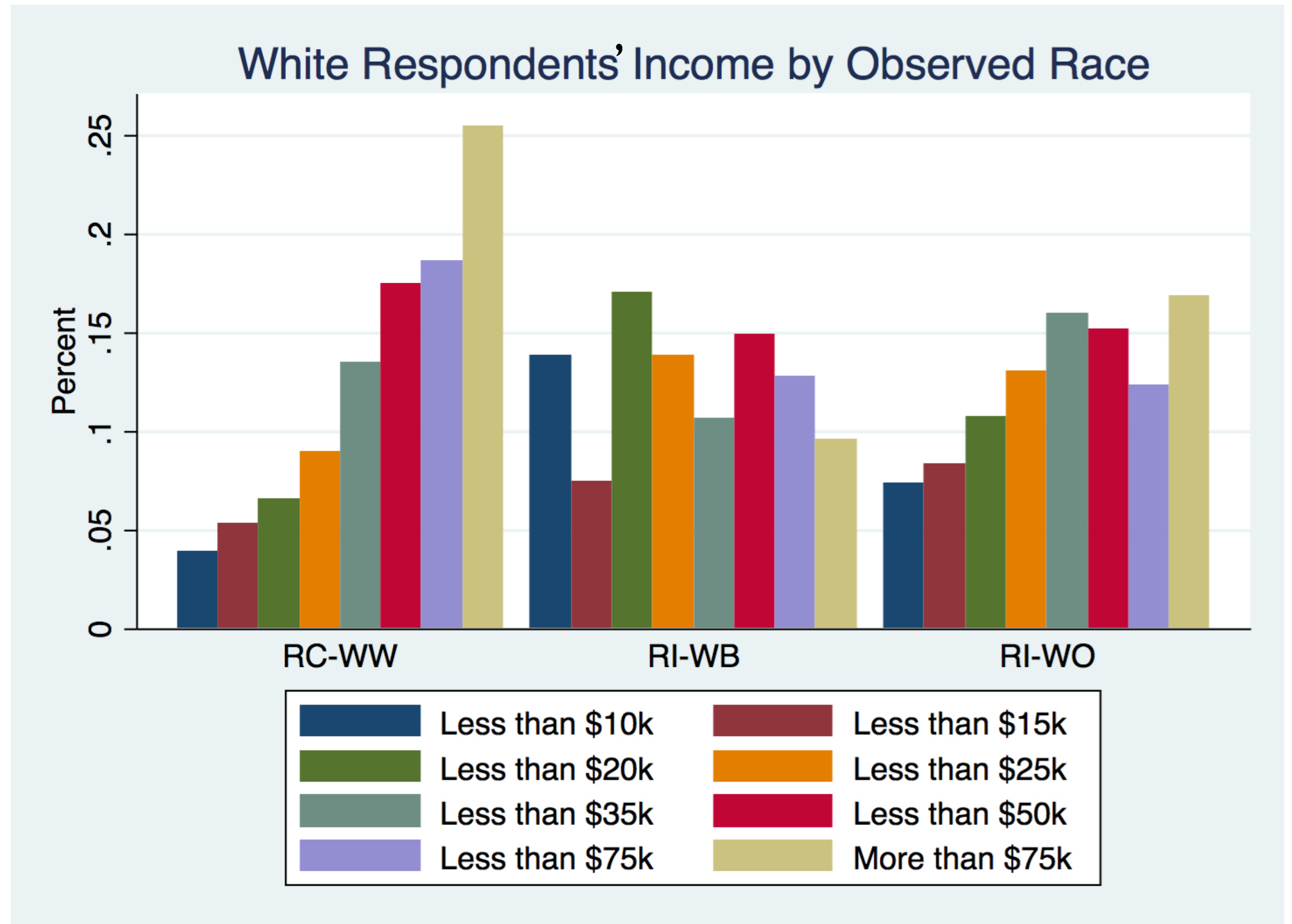
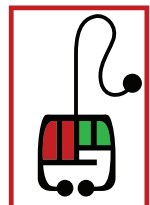
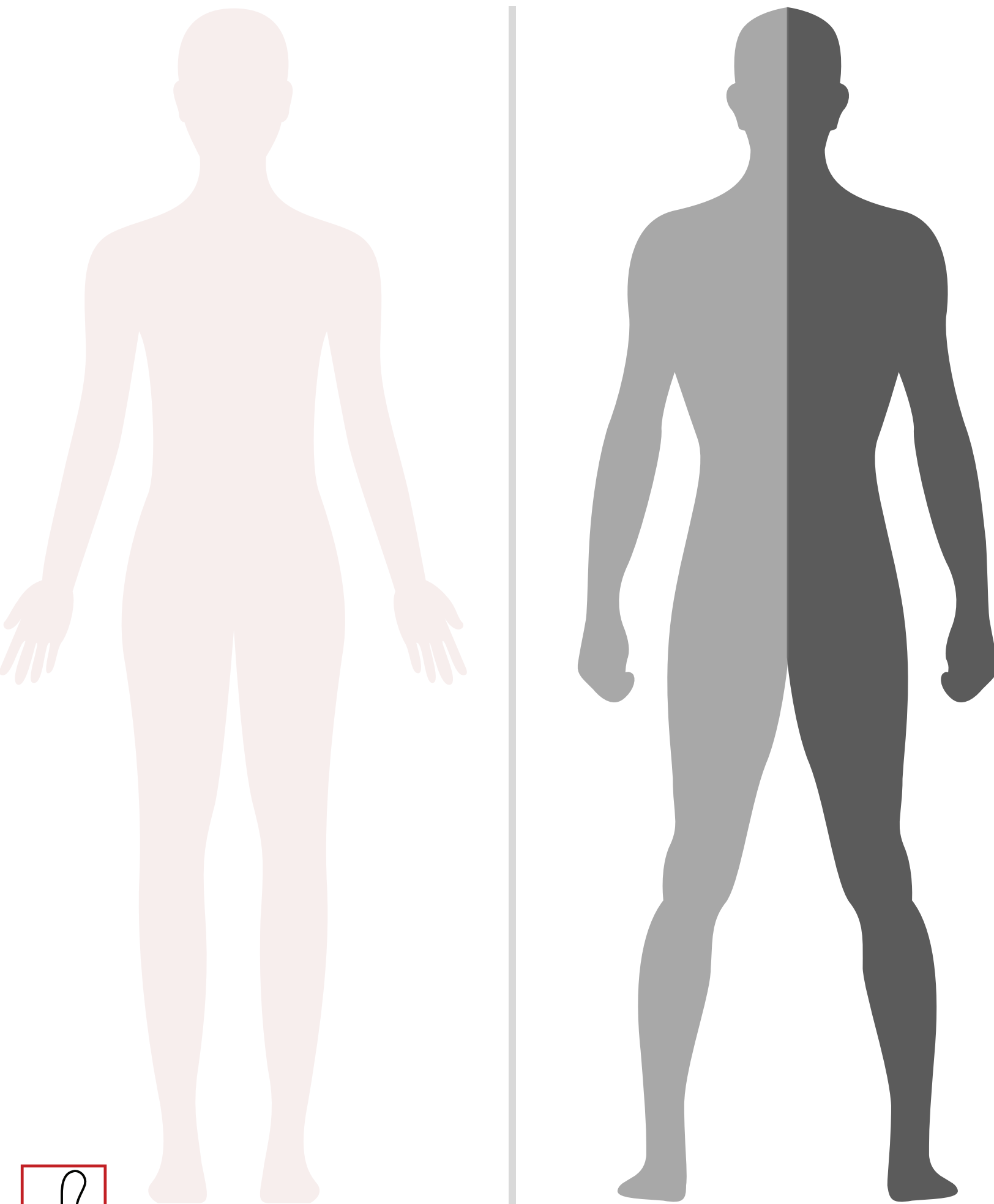
Dorothy Roberts
Fatal Invention, 2011 (p. 3)



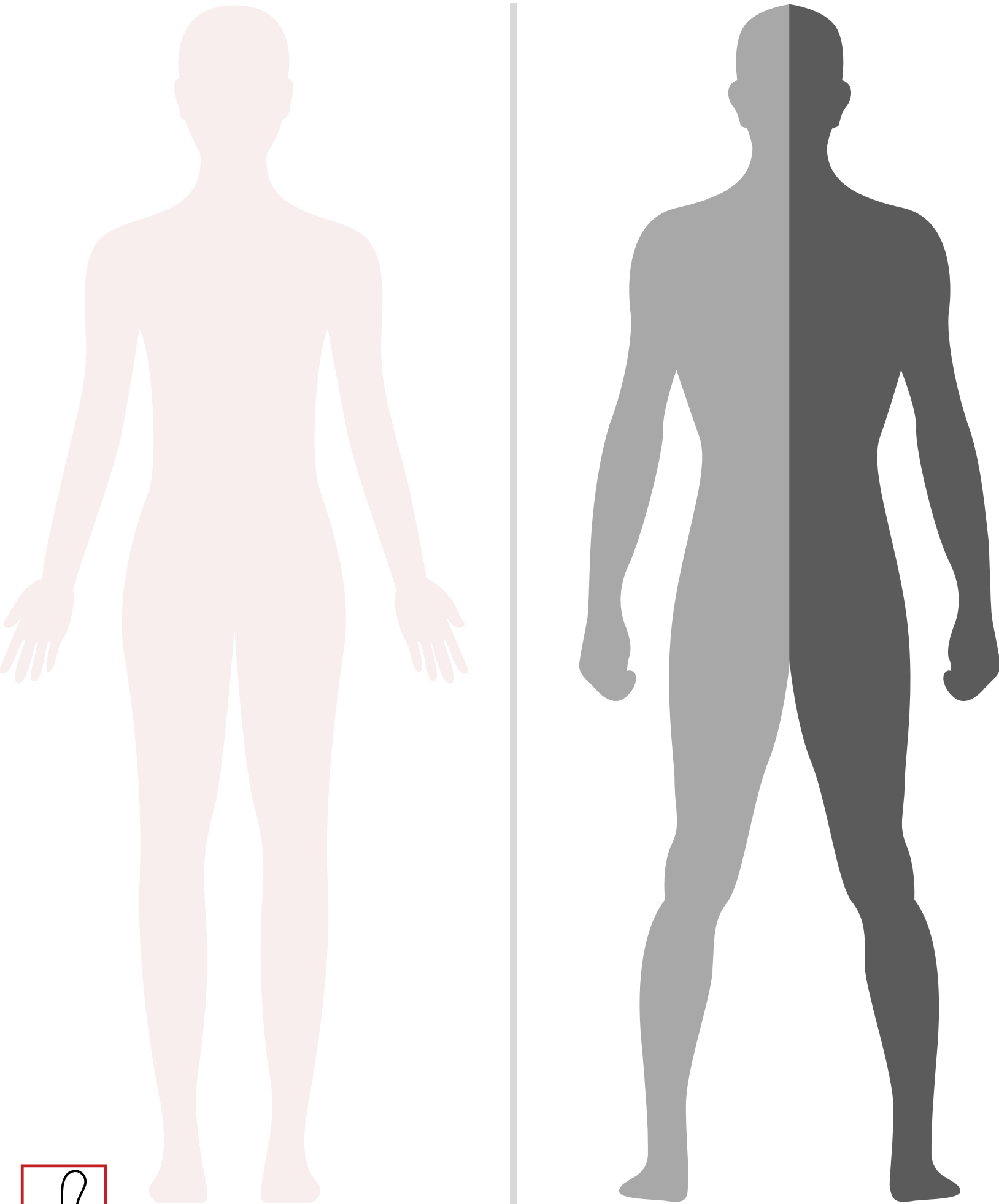




How Does Racial Incongruence Correlate to Psychosocial Stress?

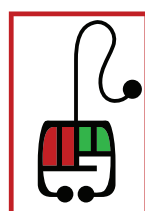
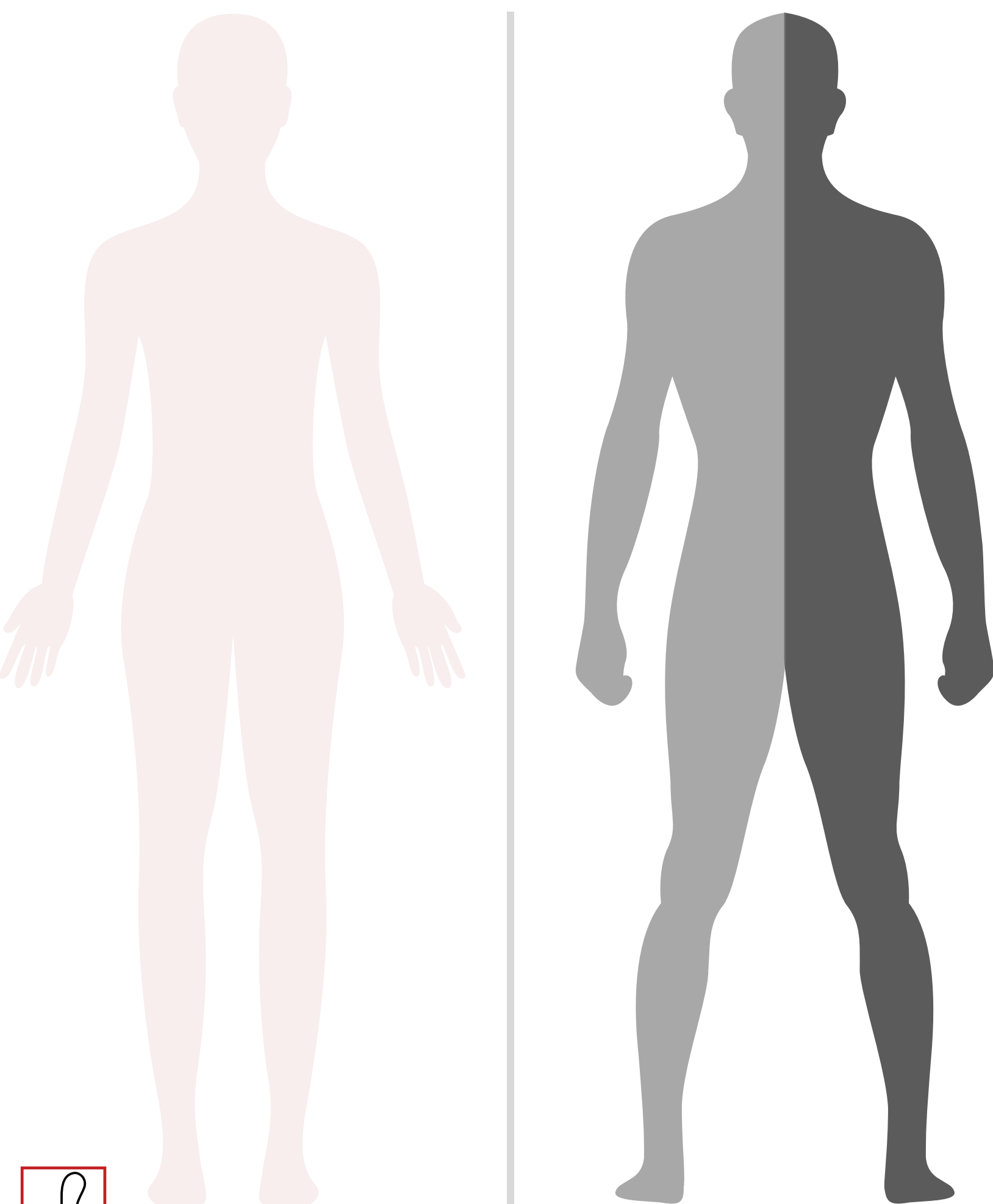


How Does Racial Incongruence Correlate to Psychosocial Stress?

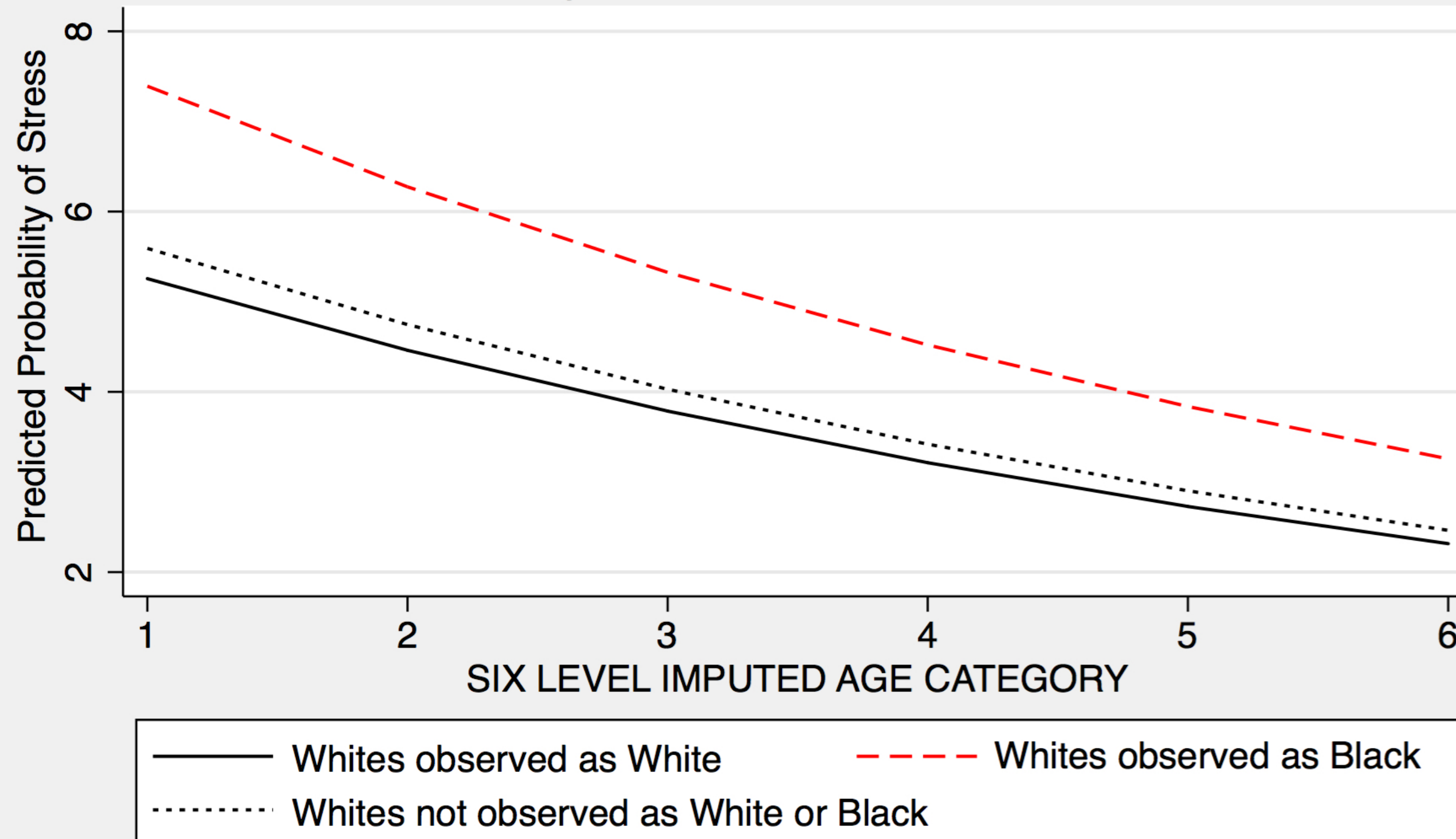


	Full Model IRR
RC-WW	1.00
RI-WB	3.96*(2.47-5.45)
RI-WO	0.87(0.71-1.05)
Observations	23,519

How Does Racial Incongruence Correlate to Psychosocial Stress?



Predicted Probability of Psychosocial Stress in a Month
White Respondents Stratified Perceived Race



Source: CDC Behavioral Risk Factor Surveillance System Data-Pooled from 2004-2010

Racism as a Stressor for African Americans

A Biopsychosocial Model

Rodney Clark
Norman B. Anderson
Vernessa R. Clark
David R. Williams

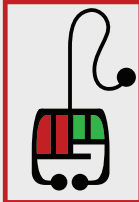
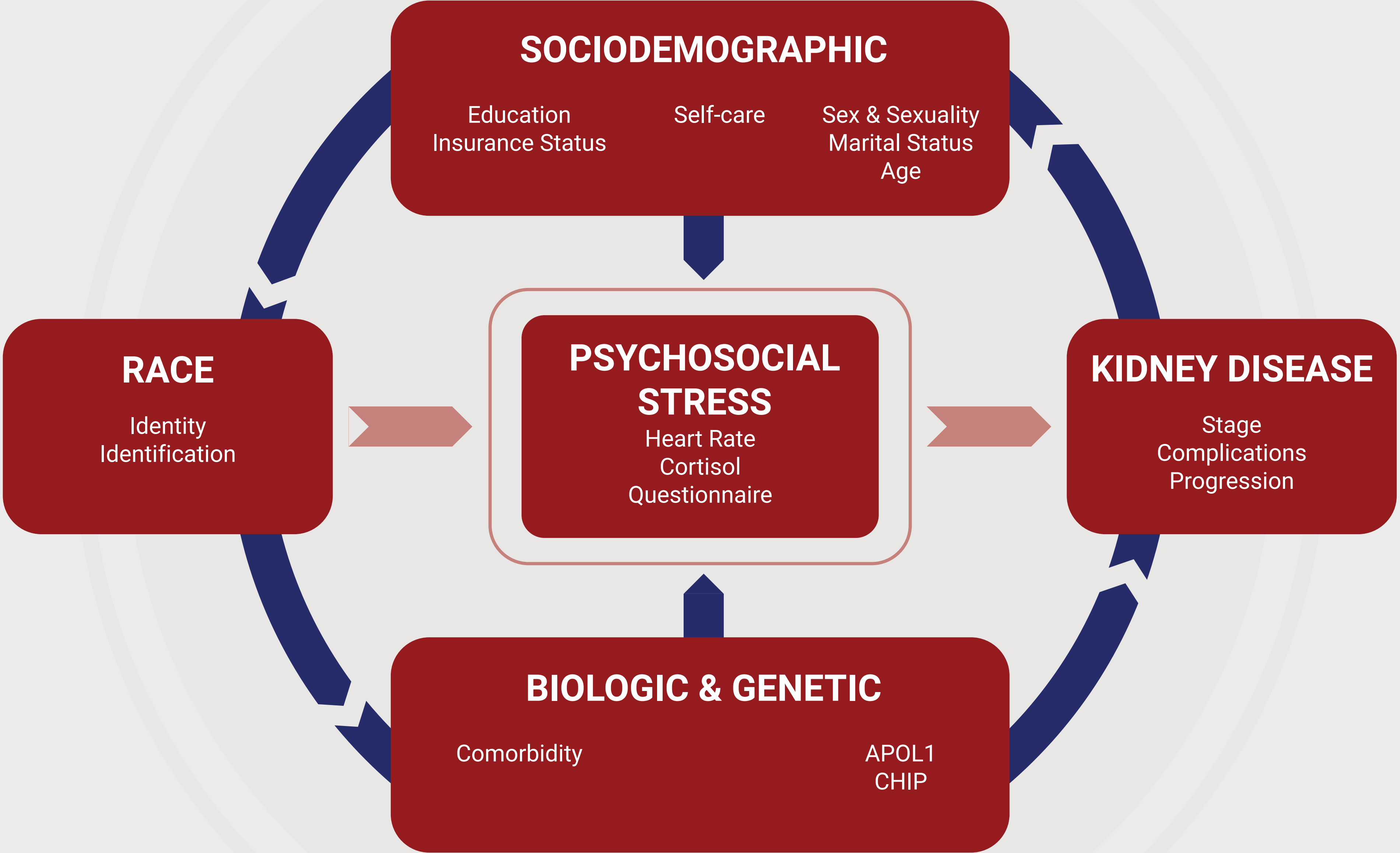
Wayne State University
National Institutes of Health
Morehouse College
University of Michigan

Various authors have noted that interethnic group and intraethnic group racism are significant stressors for many African Americans. As such, intergroup and intragroup racism may play a role in the high rates of morbidity and mortality in this population. Yet, although scientific examinations of the effects of stress have proliferated, few researchers have explored the psychological, social, and physiological effects of perceived racism among African Americans. The purpose of this article was to outline a biopsychosocial model for perceived racism as a guide for future research. The first section of this article provides a

as a relationship between members of oppressed and non-oppressed groups, this more comprehensive definition of racism encompasses beliefs, attitudes, arrangements, and acts either held by or perpetuated by members of a different ethnic group (intergroup racism) and by members of the same ethnic group (intragroup racism).

Although numerous conceptualizations of racism have been used in the scientific literature, they can be placed into two broad categories: attitudinal or behavioral (Sigelman & Welch, 1991). Attitudinal racism and ethnic prejudice have both been used to represent attitudes and beliefs that den

Biopsychosocial Model of Race, Stress & Chronic Kidney Disease



//

The biomedical professions, academic disciplines, and medical practices reproduce and legitimate biological and ideological mythologies about Black patients.

Renee Bowser

Racial Bias in Medical Treatment,

SCIENCE AND SOCIETY

Taking race out of human genetics

Engaging a century-long debate about the role of race in science

By Michael Yudell,^{1*} Dorothy Roberts,² Rob DeSalle,³ Sarah Tishkoff²

In the wake of the sequencing of the human genome in the early 2000s, genome pioneers and social scientists alike called for an end to the use of race as a variable in genetic research (1, 2). Unfortunately, by some measures, the use of race as a biological category has increased in the postgenomic age (3). Although inconsistent definition and use has been a chief problem with the race concept, it has historically been used as a taxonomic categorization based on common hereditary traits (such as skin color) to elucidate the relationship between our ancestry and our genes. We believe the use of biological concepts of race in human genetic research—so disputed and so mired in confusion—is problematic at best and harmful at worst. It is time for biologists to find a better way.

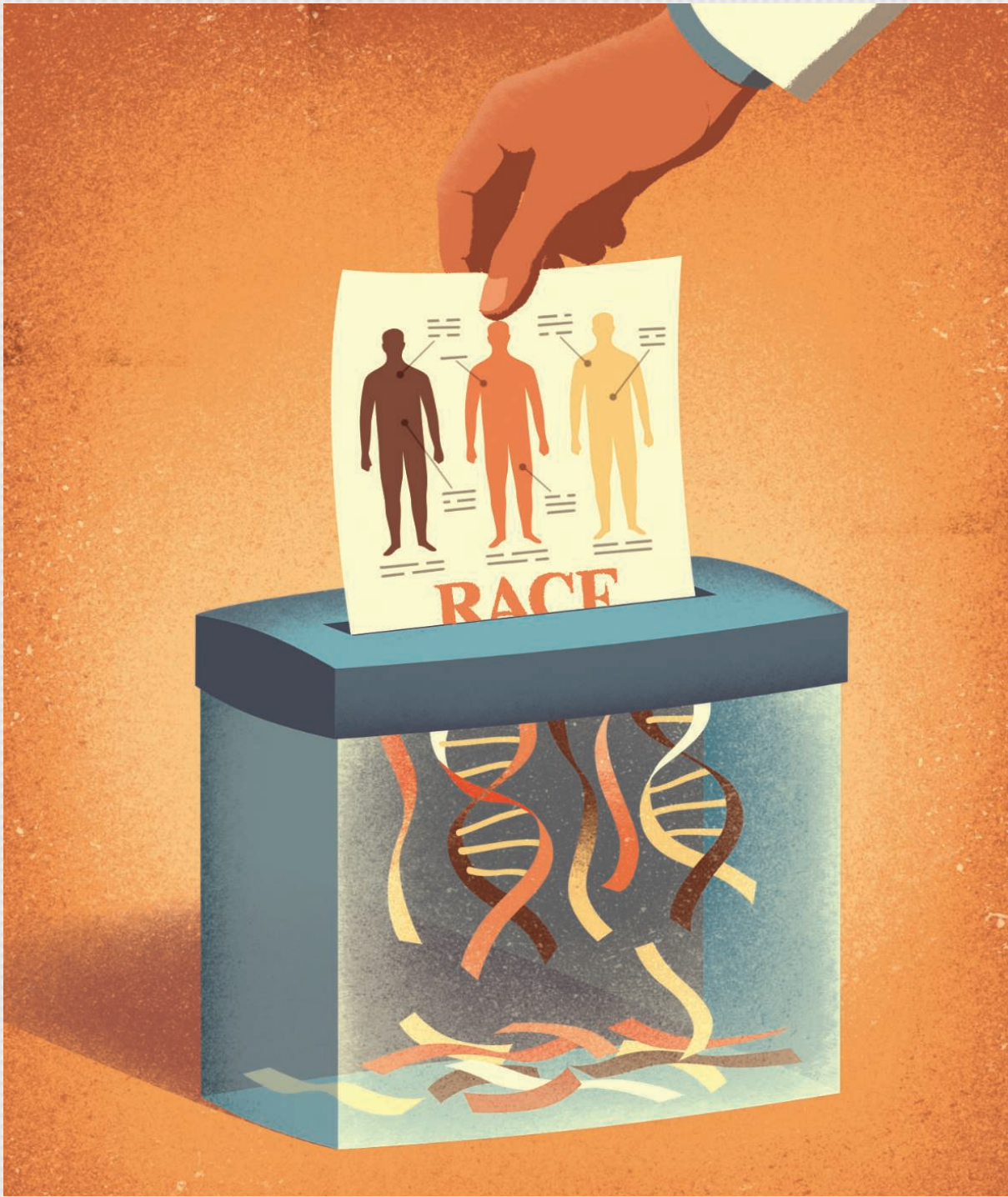
Racial research has a long and controversial history. At the turn of the 20th century, sociologist and civil rights leader W. E. B. Du Bois was the first to synthesize natural and social scientific research to conclude that the concept of race was not a scientific category. Contrary to the then-dominant view, Du Bois maintained that health disparities between blacks and whites stemmed from social, not biological, inequality (4). Evolutionary geneticist Theodosius Dobzhansky, whose work helped reimagine the race concept in the 1930s at the outset of the evolutionary synthesis, wrestled with many of the same problems modern biologists face when studying human populations—for example, how to define and sample populations and genes (5). For much of his career, Dobzhansky brushed aside criticism of the race concept, arguing that the problem with race was not its scientific use, but its nonscientific misuse. Over time, he grew disillusioned, concerned that scientific study of human diversity had “floundered in confusion and misunderstanding” (6). His transformation from defender to detractor of the race concept in biology still resonates.

Today, scientists continue to draw wildly different conclusions on the utility of the race

concept in biological research. Some have argued that relevant genetic information can be seen at the racial level (7) and that race is the best proxy we have for examining human genetic diversity (8, 9). Others have concluded that race is neither a relevant nor accurate way to understand or map human genetic diversity (10, 11). Still others have argued that race-based predictions in clinical settings, because of the heterogeneous nature of racial groups, are of questionable use (12), particularly as the prevalence of admixture increases across populations.

Several meetings and journal articles have called attention to a host of issues, which include (i) a proposed shift to “focus

on racism (i.e., social relations) rather than race (i.e., supposed innate biologic predisposition) in the interpretation of racial/ethnic ‘effects’” (13); (ii) a failure of scientists to distinguish between self-identified racial categories and assigned or assumed racial categories (14); and (iii) concern over “the haphazard use and reporting of racial/ethnic variables in genetic research” (15) and a need to justify use of racial categories relative to the research questions asked and methods used (6). Several academic journals have taken up this last concern and, with mixed success, have issued guidelines for use of race in research they publish (16). Despite these concerns, there have been no

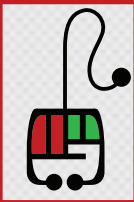


Downloaded from on February 15, 2016

ILLUSTRATION: DAVIDE BONAZZI / @SALZMANART

- Nuances of identity versus identification
- Retaining race in research can surveil racism
- Develop ancestry more deeply
- Account for the psychosocial stress within the clinical treatment plan
- Nurses are the KEY to extending stress to clinical treatment plans

¹Drexel University, Philadelphia, PA 19104, USA. ²University of Pennsylvania, Philadelphia, PA 19104, USA. ³American Museum of Natural History, New York, NY 10024, USA. *Corresponding author. E-mail: myudell@drexel.edu

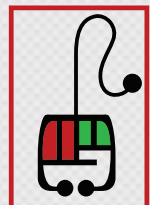
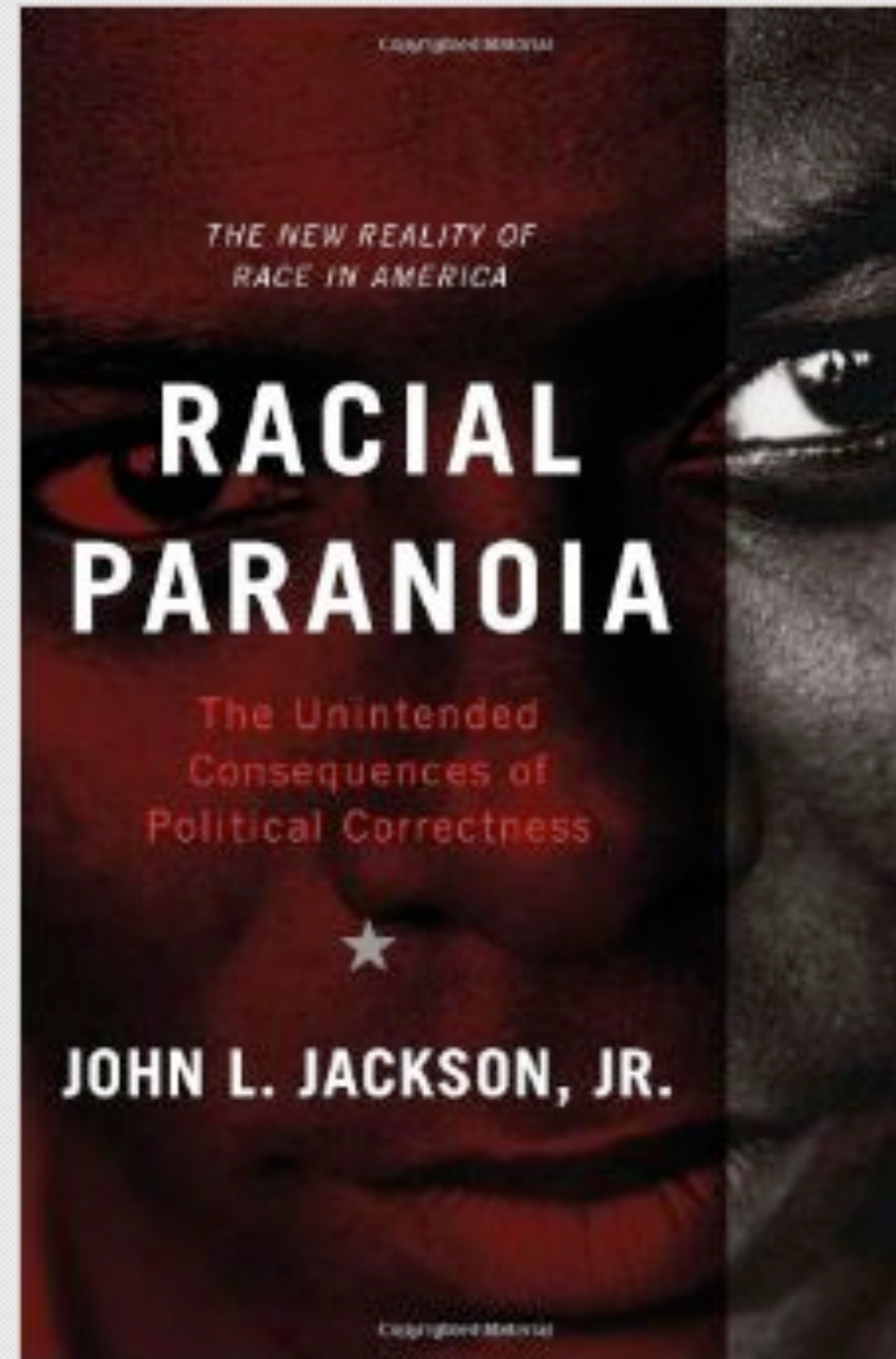


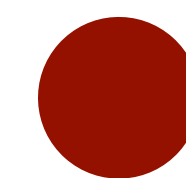
A woman with dark hair pulled back, wearing a black hoodie, stands outdoors. The hoodie has the words "I CAN'T BREATHE" printed in white, bold, sans-serif capital letters. She is looking directly at the camera with a neutral expression. The background is out of focus, showing a brick building on the left and bare trees on the right. In the bottom left corner, there are blurred lights in red, yellow, and blue.


I
CAN'T
BREATHE


“But it is exactly within the crevices of such **real, imagined, or hallucinated trivialities** that seeds of larger racial paranoia grow. When talking about **race and racism**, we shouldn't underestimate the potential **significance** of seemingly **inconsequential acts**.”

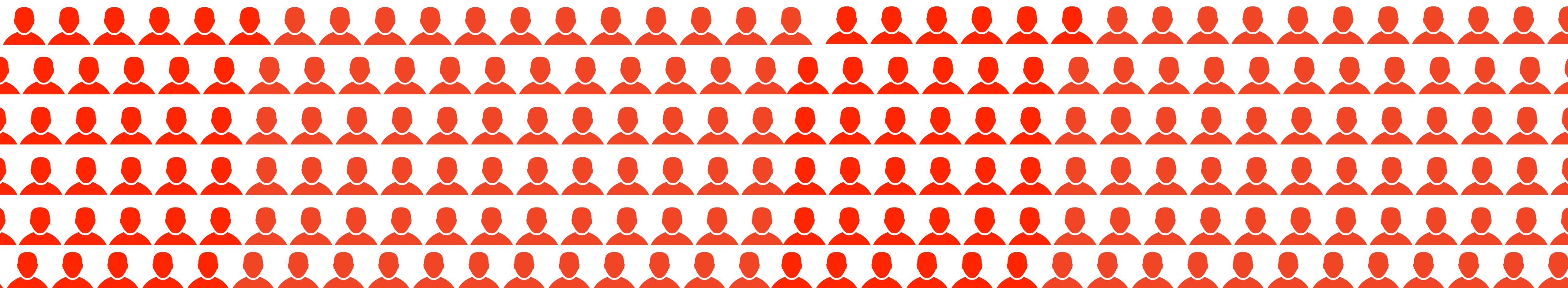
-Racial Paranoia, Jackson, 2008, p. 10





daily  2 people die from justifiable police homicide

daily  274 Black patients die due racism in healthcare



CHASING THE BOOGEYMAN

How do we fix the racially discriminatory subsystems within medicine?

Source: "Local police involved in 400 killings per year", USA Today, 2014; "Discrimination and racial disparities in health", Williams and Muhammad, 2009;

Equality



The assumption is that **everyone benefits from the same supports**. This is equal treatment.

Equity



Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.

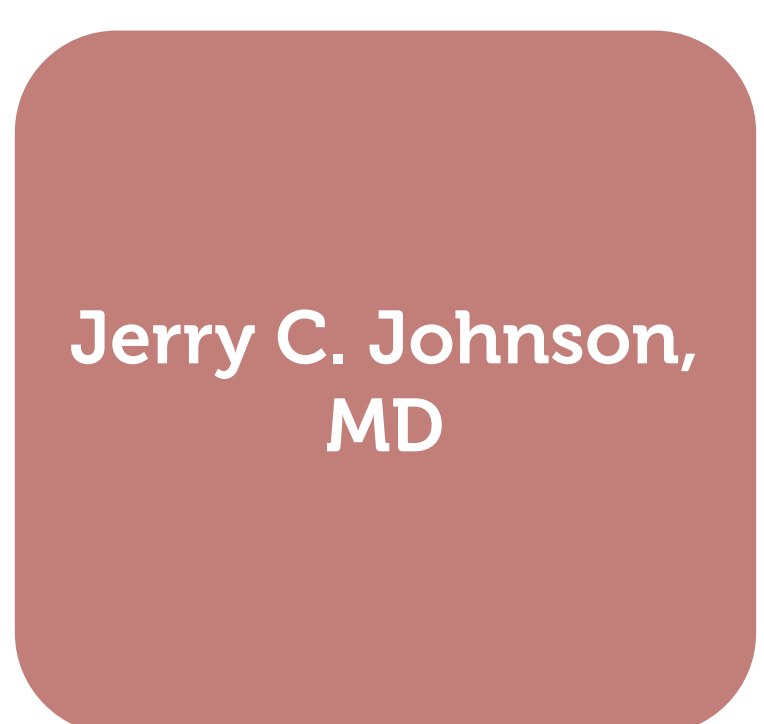
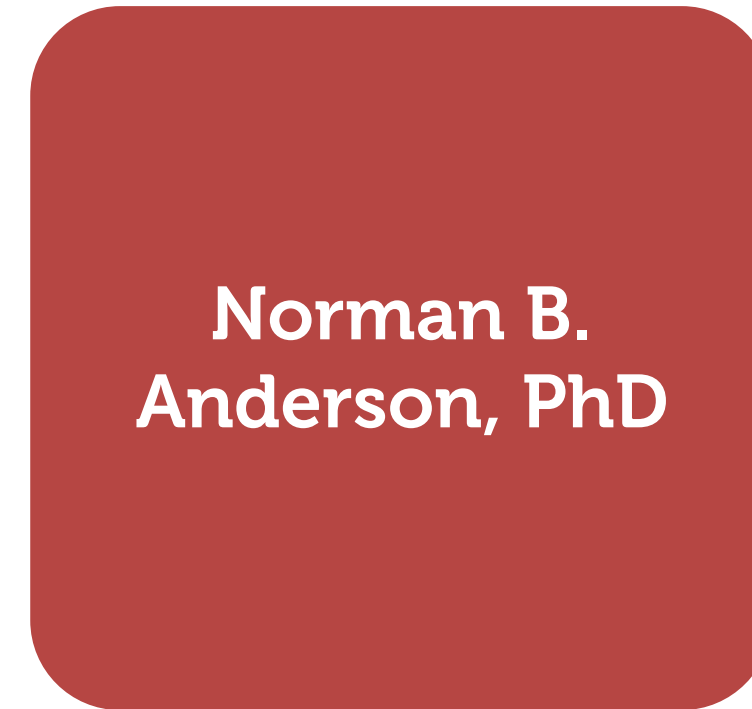
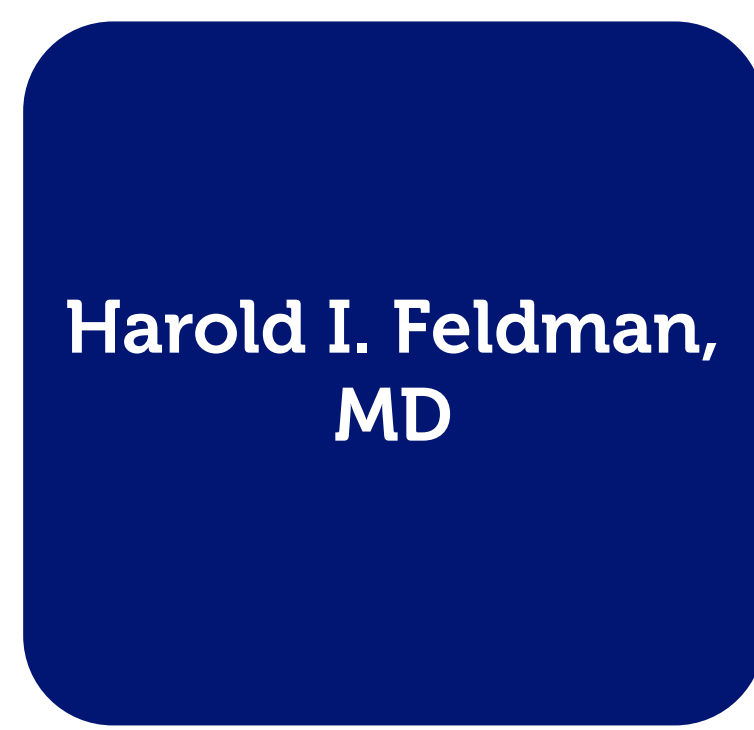
Justice

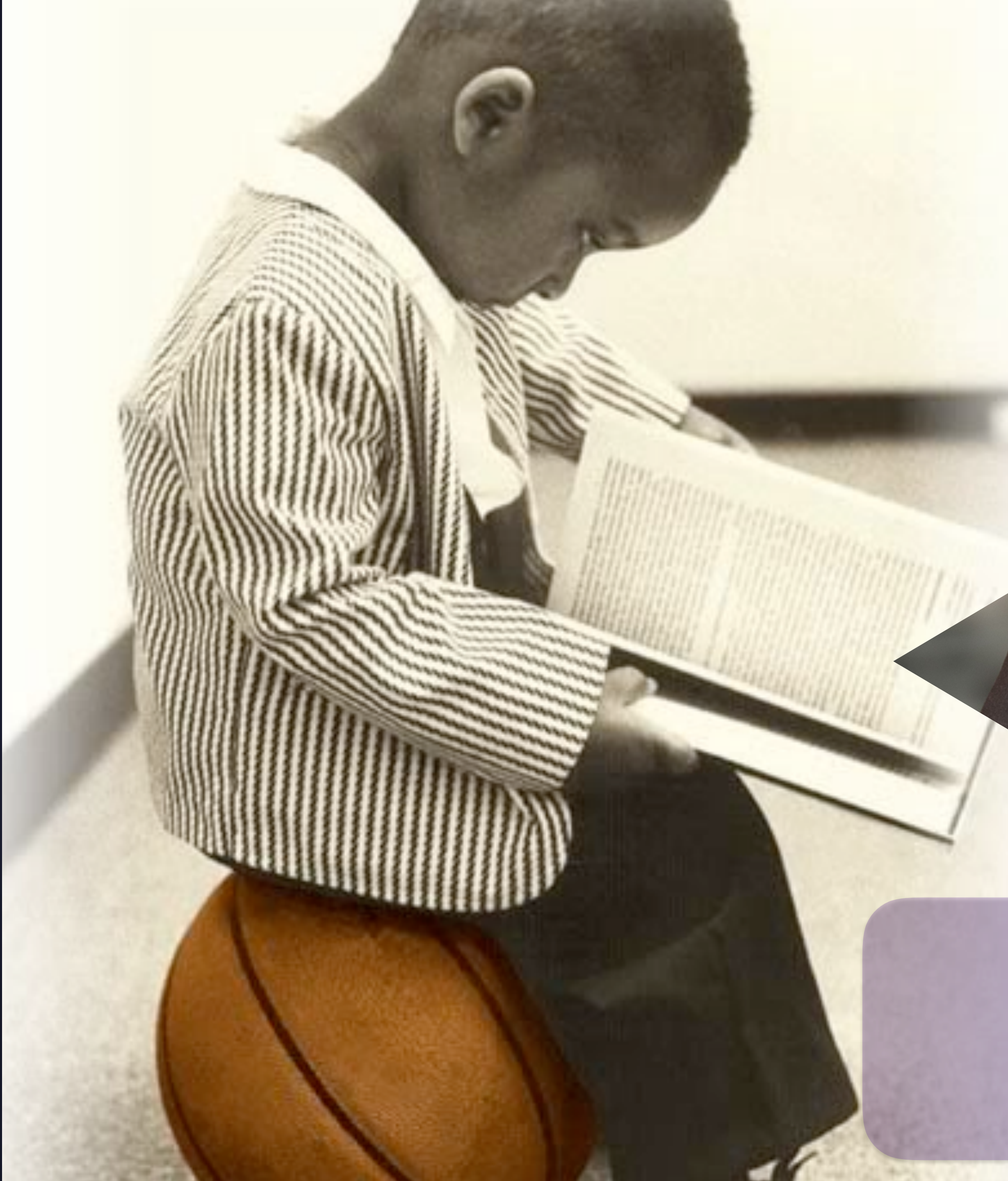


Both can see the game without supports or accommodations because **the cause(s) of the inequity was addressed**. The systemic barrier has been removed.



Mentorship Team





@kjanswers



kje@upenn.edu